

# STUDENT TRAINEE SUPPLEMENTAL FORM (APPRENTICE & HELPER)

## PUGET SOUND NAVAL SHIPYARD & INTERMEDIATE MAINTENANCE FACILITY

NAME (LAST)	FIRST (LEGAL)	MIDDLE (FULL)	SSN:
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MAILING ADDRESS	ZIP CODE:
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HOME PHONE ( )	WORK PHONE ( )	MESSAGE PHONE ( )	E-MAIL ADDRESS
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<b>COLLEGE: (Transcripts must be provided [unofficial or official])</b> Highest College English Course completed: Course # _____ GPA: _____ Date completed _____  Highest College Math Course completed: <b>(Must be within last 3 years)</b> Course # _____ GPA: _____ Date completed _____	If transcript is not available, asset/compass test must be provided. Placement exam taken: <b>(Must be within last 3 years)</b> Asset <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____  Compass <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
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**Please select the trade(s) in which you are interested in receiving consideration. Vacancies for these trades may be located at either the Bremerton site or at Bangor site. For additional information go to [www.psns.navy.mil](http://www.psns.navy.mil). Select Employment Opportunities, then Apprentice Program for trade descriptions.**

<input type="checkbox"/> Air Conditioning Equipment Mechanic	<input type="checkbox"/> Electronics Mechanic	<input type="checkbox"/> Marine Machinery Mechanic	<input type="checkbox"/> Rigger
<input type="checkbox"/> Crane Maintenance Electrician	<input type="checkbox"/> Electroplater	<input type="checkbox"/> Metal Forger (Helper only)	<input type="checkbox"/> Sheetmetal Mechanic
<input type="checkbox"/> Crane Maintenance Mechanic	<input type="checkbox"/> Fabric Worker	<input type="checkbox"/> Non-Destructive Test Examiner	<input type="checkbox"/> Shipfitter
<input type="checkbox"/> Electrician (Marine)	<input type="checkbox"/> General Maintenance (Helper Only)	<input type="checkbox"/> Painter (Marine)	<input type="checkbox"/> Shipwright (Structural)
<input type="checkbox"/> Electrician (Temporary Services)	<input type="checkbox"/> Insulator (Mechanical)	<input type="checkbox"/> Plastic Fabricator	<input type="checkbox"/> Tool & Parts Attendant (Helper only)
<input type="checkbox"/> Electrician (Equipment/Facilities)	<input type="checkbox"/> Insulator	<input type="checkbox"/> Pipefitter (Marine)	<input type="checkbox"/> Toolmaker
<input type="checkbox"/> Electronic Industrial Control Mechanic	<input type="checkbox"/> Machinist	<input type="checkbox"/> Pipefitter (Temporary Services)	<input type="checkbox"/> Utilities System Repair/Operator (Dry Dock Syst)
		<input type="checkbox"/> Production Machinery Mechanic	<input type="checkbox"/> Welder

**AS A CANDIDATE FOR STUDENT TRAINEE, I CAN MEET THE FOLLOWING REQUIREMENTS.**

**(DOCUMENTATION IS REQUIRED.) PLEASE CHECK EACH ONE THAT APPLIES:**

\_\_\_\_\_ I CAN PROVIDE PROOF OF U.S. CITIZENSHIP (Certified Birth Certificate, Passport, Naturalization Papers).

\_\_\_\_\_ I WILL BE 18 YEARS OF AGE OR OLDER AT THE TIME OF HIRING.

\_\_\_\_\_ (If you are currently enrolled in high school, give month/year of graduation \_\_\_\_\_ / \_\_\_\_\_)

\_\_\_\_\_ I UNDERSTAND I MUST OBTAIN A SECURITY CLEARANCE.

\_\_\_\_\_ I UNDERSTAND I MUST PASS A PSNS & IMF-ADMINISTERED PHYSICAL EXAMINATION.

\_\_\_\_\_ I HAVE PROOF OF ELIGIBILITY (COLLEGE TRANSCRIPT/ASSET TEST RESULTS/COMPASS TEST RESULTS) TO MEET

ELIGIBILITY REQUIREMENTS, AS SPECIFIED IN ANNOUNCEMENT. **PLEASE E-MAIL THE PROOF OF ELIGIBILITY TO [productionjobs@psns.navy.mil](mailto:productionjobs@psns.navy.mil) OR SUBMIT BY A METHOD INDICATED BELOW.**

**PLEASE FAX THIS FORM AND PROOF OF ELIGIBILITY TO (360) 476-5327, OR RETURN IT BY MAIL TO:**

**Human Resources Office, Code 1113  
Attn: Apprentice & Helper  
PSNS & IMF  
1400 Farragut Avenue  
Bremerton, WA 98314-5001**

**PRIVACY ACT WAIVER:** Because of the FAMILY RIGHTS AND PRIVACY ACT OF 1974, an "INFORMATION RELEASE APPROVAL" must be signed before we use information you give us on your behalf. By signing this agreement, I give permission for the CO-OP Office at OLYMPIC COLLEGE to obtain a copy of my current transcript if needed. I also authorize the CO-OP Office to release any legitimate and pertinent information about my background, experience, and academic record (including transcripts) to potential employers to whom I am making application.

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_